

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20902**

FILED JUN 17 1957

BIRTH NO. _____		REG. DIST. NO. 143		PRIMARY REG. DIST. NO. 5561		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Howell				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Arkansas b. COUNTY Fulton			
b. CITY (If outside corporate limits, write RURAL and give township) Siloam Springs		c. LENGTH OF STAY (In this place) 2 months		c. CITY OR TOWN Salem		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pindbrook Rest Home				e. STREET ADDRESS \$030 (If rural, give location) y			
3. NAME OF DECEASED (Type or Print) a. (First) LUCY		b. (Middle) MAUD		c. (Last) HUMPHRIES		4. DATE OF DEATH (Month) (Day) (Year) June 9, 1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 10, 1874	
9. AGE (In years last birthday) 83		10. MONTHS 0		11. DAYS 29		12. HOURS 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Sharps Mill, Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Wainwright		13b. MOTHER'S MAIDEN NAME Elizabeth Huddleston		14. NAME OF HUSBAND OR WIFE George Thomas Humphries			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS H. J. Humphries Salem, Arkansas			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Scimitry				INTERVAL BETWEEN ONSET AND DEATH 10 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6/5 19 57 , to 6/9 19 57 , that I last saw the deceased alive on 6/5 19 57 , and that death occurred at 6:40 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. L. Fowler M.D.				23b. ADDRESS West Plains Mo		23c. DATE SIGNED 6/12/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/10/57		24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery		24d. LOCATION (City, town, or county) (State) Salem, Arkansas	
DATE REC'D BY LOCAL REG. 6-17-57		REGISTRAR'S SIGNATURE Blyde A. Bridges		25. FUNERAL DIRECTOR'S SIGNATURE Carter Funeral Service		Salem Arkansas	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 2 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 457

P. O. Address Thayer, N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.